

Illinois Department of Revenue

# RB-1 Bingo Quarterly Tax Return

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NS DP CA

## Step 1: Identify your organization

Do not write above this line.

Bingo license number: \_\_\_\_\_

Organization's name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

For which quarter are you filing this return? \_\_\_\_\_

Is this an amended return? \_\_\_\_yes \_\_\_\_no

Sequence no. \_\_\_\_\_

Has your organization's address changed since your last return? \_\_\_\_yes \_\_\_\_no

A "final" return indicates that an organization does not intend to conduct any more bingo games. Is this a final return? \_\_\_\_yes \_\_\_\_no If "yes," write the date of your final bingo game: \_\_\_\_\_

## Step 2: Identify your supplier

Did you purchase any bingo supplies or equipment this quarter? \_\_\_\_yes \_\_\_\_no If "yes," complete the following information:

Supplier's license no.: **BF** - \_\_\_\_\_

Supplier's license no. **BF** - \_\_\_\_\_

Supplier's name \_\_\_\_\_

Supplier's name \_\_\_\_\_

Address \_\_\_\_\_  
Number and street

Address \_\_\_\_\_  
Number and street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Step 3: List your weekly games

Session date Month/Day/Year	Value of prizes awarded	Session date Month/Day/Year	Value of prizes awarded	Session date Month/Day/Year	Value of prizes awarded
<b>1</b> _____	_____	<b>6</b> _____	_____	<b>11</b> _____	_____
<b>2</b> _____	_____	<b>7</b> _____	_____	<b>12</b> _____	_____
<b>3</b> _____	_____	<b>8</b> _____	_____	<b>13</b> _____	_____
<b>4</b> _____	_____	<b>9</b> _____	_____	<b>14</b> _____	_____
<b>5</b> _____	_____	<b>10</b> _____	_____	<b>Total games held</b>	_____

## Step 4: Figure your tax due

	Value of prizes awarded	No. players	Gross proceeds
<b>15</b> Total number of players and gross proceeds for weekly games	_____	_____	<b>15</b> _____
<b>16</b> Special permit no. 1 _____ Valid from _____ to _____	_____	_____	<b>16</b> _____
<b>17</b> Special permit no. 2 _____ Valid from _____ to _____	_____	_____	<b>17</b> _____
<b>18</b> County or state fair totals Fair dates _____ to _____	_____	_____	<b>18</b> _____
<b>19</b> Add Lines 15, 16, 17, and 18, Gross proceeds column. This is your tax base.			<b>19</b> _____
<b>20</b> Multiply Line 19 by 5% (.05). This is your bingo tax due.			<b>20</b> _____
<b>21</b> Total credit you wish to apply			<b>21</b> _____
<b>22</b> Subtract Line 21 from Line 20. <b>Please pay this amount.</b>			<b>22</b> _____

Make your check payable to "Illinois Department of Revenue."

## Step 5: Sign below

Under penalties of perjury, I state that I have examined this return and that it is true, correct, and complete, and that the total value of the prizes or merchandise awarded on any day was not greater than \$2,250 (\$3,250 in Madison, Monroe, and St. Clair counties and the City of Red Bud).

\_\_\_\_\_  
Officer's signature (\_\_\_\_\_) Phone \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Paid tax preparer's signature (\_\_\_\_\_) Phone \_\_\_\_\_ Date \_\_\_\_\_

**Mail this return** and your payment to:  
**BINGO TAX**  
**ILLINOIS DEPARTMENT OF REVENUE**  
**PO BOX 19019**  
**SPRINGFIELD IL 62794-9019**